PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket-Number Substitute for Form PTO-875 6 60 CLAIMS AS FILED - PART I OTHER THAN (Column 1) OR SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3. = X \$ OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-1 RATE ADDI-NDMENT **AFTER PREVIOUSLY EXTRA** TIONAL FEE TIONAL AMENDMENT PAID FOR FEE Total Minus -0 (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus ш x \$ 100 = de OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST Θ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR ũ FEE FEE Total (37 CFR 1.16(c)) Minus ENDMI X S OR X S Minus = OR x s FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Columni 2) (Column 3) CLAIMS HIGHEST \mathbf{C} REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENT **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR **FFF** FEE Total (37 CFR 1.16(c)) ENDM Minus X S OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) **OR** TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, osPto to process) an application. Control time you require to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10/659665

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		TY	PE [OR	SMALL	ENTITY	
TOTAL CLAIMS			12-					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	2minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			1 minus 3 =		•			X42=		OR	X84=		
MU	LTIPLE DEPEN	RESENT		···_			+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	多!	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	۱г	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		•		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	1 [X42=		OR	X84=		
	FIRST PRESE	NTATION OP M	ULTIPLE DE	PENDEN	CLAIM		」	+140=		OR	+280=		
	73/						L	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
1,4		(Column 1)		(Colu	mn 2)	(Column 3)		/UII. FEE (استان دارو دارو				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42≃	_	OR	X84=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	ENDEN	CLAIM		J	+140=		OR	+280=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		æ	\prod	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		-	11	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL		
or if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												L	
	ine rignest Nun	iber Previously Pa	uo ror (lotal o	r maepend	ienų is the	nignest numb	er round	a ou ave abl	propnate bo	k in co	rumn 1.		